

**STATE OF MICHIGAN  
MASTER VENDOR/PAYEE FILE  
EMPLOYEE REGISTRATION FORM**

Completion and submission of this form affects your name and address only for non-payroll payments such as Travel Expense Reimbursement. Any changes to your name and address for payroll payments need to be filed separately through your departmental Office of Human Resources.

☐ NEW EMPLOYEE

☐ NAME CHANGE  
CURRENT NAME ON FILE: \_\_\_\_\_

☐ ADDITIONAL ADDRESS  
(Address will be created in addition to existing mail code(s) on file.)

☐ INACTIVATE RECORD  
(No longer employed by State of Michigan)

☐ NEW ADDRESS  
(This will replace all other addresses currently on file.)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_  
(First, Middle, Last)

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mail or Fax this form to:  
DMB – Office of Financial Management, Vendor Registration  
Romney Bldg., 7<sup>th</sup> Floor, P.O. Box 30710  
Lansing, MI 48909  
Fax: 517/373-6458